

LORNA WHISTON SCHOOLS PTE LTD  
101 Thomson Road, #04-23 United Square, S307591  
Tel: (65) 62517662 Fax: (65) 62517612  
Website: www.lornawhiston.com.sg



## Deferment Form

I, \_\_\_\_\_ (name of student), hereby give notice that I wish to defer my course: \_\_\_\_\_ commencing \_\_\_\_\_ to a later date.

My reasons for this request are:

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I understand the School's policy towards deferments and that I am not entitled to any refunds. In addition I agree to pay the Deferment fee of \$50.00.

I can be contacted by the School at the following telephone number(s) and address(es) for information On the status of my application for deferment, within 3 weeks of the School's receipt of this form.

Tel: \_\_\_\_\_ (please include country code, state, etc.)

Address(es):

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Email address: \_\_\_\_\_

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Signature of Student or Parent / Guardian\*  
(please delete as appropriate)

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Date

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- Please note that courses cannot be deferred for more than 12 months.
  - Please attach any relevant supporting documentation to this form.

